Age	ency Report of: remonial Role Event	ts and Ticket/Pa	ss Distrib	utions			ocument
	gency Name				Date Stamp	Californ	1ia 802
	LAMEDA COUNTY						icial Use Only
<u> 7</u>	ivision, Department, or Regi	on (if applicable)				, , , , , ,	
	BOARD OF SUPERVISORS						2
7	Designated Agency Contact (Name, Title)			1		
	EE ANN FERGERSON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9		Amendment (Must	Provide Explanat	tion in Part 3.)
	rea Code/Phone Number	E-mail			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
_	510-272-6691	leeann.fergerson@a	ecgov.org		Date of Original Filing	j:(month, day	y, year)
2.	Function or Event Infor	mation			T UD 6	304.80	
	Does the agency have a tic	ket policy? Yes 🛭	No□ Fa	ce Value of	Each Ticket/Pass \$.	· · · · · · · · · · · · · · · · · · ·	
	warri	ORS	Da	te(s)1	<u> 3 / 19</u>		
	Event Description: WARRIC	Provide Title/ Explan	ation				
ľ	Ticket(s)/Pass(es) provided	by agency? Yes ∑	, <u></u>	no: <u>GSW</u>	Name of Source		
	Was ticket distribution made	e at the behest Yes] No□ If	yes: <u>Hagge</u>	Official's Name (Last, Firs	st)	
	of agency official?	œ					
3.	Recipients					l4:C- an autoid:	o organization.
	Recipients Use Section A to identify the age	ncy's department or unit.	Use Section B to id	lentify an indiv	idual. • Use Section C to Id	entity an outside	0.5
	A. Name of Agency, Dep		Number of Ticket(s)/ Passes	Describe I	the public purpose made (pursuant to the	agency's policy
	B. Name of In	dividual	Number of Ticket(s)/		identify one of ti	he following:	
	(Last, F	irst)	Passes	:. 	emonial Role Othe		Income 🗌
				Cer If ch	emonial Role Othe eckiņg "Ceremonial Role" or "Othe	r" describe below:	modification in the second sec
				Cer if ch	remonial Role Othe necking "Ceremonial Role" or "Othe	er 🔲 er" describe below:	Income
	C. Name of Outside Organization (include address and description) LIVERMORE VALLEY WINE FOUNDATION 5565 Tesla Rd, Livermore, CA 94550		Number of Ticket(s)/ Passes	Describe	the public purpose made pursuant to the agency's policy		
			20/4 To r		reward a school or non-profit organization for its contributions to the community		anization for nunity -
4.	Verification I have read and understand	EDDO Bogulations 1904	4.1 and 1894?	I have verifie	ed that the distribution s	set forth above	e, is in accordance
	I have read and understand	FPPC Regulations 1894	4. I and 10042.				
		LEE AN!	N FERGERSO	N	TICKET ADMINISTR	ATOR	10/25/18
			Print Name		Title		(month, day, year)
	Since its inception, the	_ivermore Valley Wine Au	ction has raised	over \$5 million	to support underserved	local children.	This year's

Since its inception, the Livermore Valley Wine Auction has raised over \$5 million to support underserved local children. This year's Auction will benefit four deserving programs: De La Salle Academy, a private, non-profit middle school in Concord that educates—low-income boys with academic promise; Open Heart Kitchen, for their weekend lunch program for children who receive free school lunches during the week; Livermore Valley Performing Arts Center's Bankhead Theater, for local school outreach; and STEAM (Science, Technology, Education, Arts and Math) programs in our Tri-Valley school districts.

	jency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	buti	A Pu	ıblic Document
1.	Agency Name	74:			-	California 802
	Alameda County					TOILL OU
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)		··	1 1	
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail			Amendment (Must Provid	le Explanation in Part 3.)
	510-272-6691	leeann.fergerson@)acgov.org	•	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No□ ·F	ace Value of	Each Ticket/Pass \$ 100.0	00
	Event Description: Warriors				<u>, 8 , 19 _ </u>	
	Event Description:	Provide Title/ Expla	nation	ate(s)		
	Ticket(s)/Pass(es) provided			no: GSW		
		100			Name of Source	16.
	Was ticket distribution made	e at the behest Yes	⊠ No□ If	yes: Hagger	ty, Scott Official's Name (Last, First)	
	of agency official?				Omciais Warre (Last, Filst)	
3.	Recipients			1		
	• Use Section A to identify the ager	icy's department or unit. •		dentify an individ	dual. • Use Section C to identify a	n outside organization.
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuar	nt to the agency's policy
	1				ı	ź
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the follow	wing:
	Harve, Phil		4	eve	romote attendance at a co ent in order to maximize po enue for concession and	otential county
	·			I .	monial Role Other Other king "Ceremonial Role" or "Other" describe	Income Income
	C. Name of Outside O (include address and	rganization i description)	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pursuar	nt to the agency's policy
FC	ją.					
		12				H
						15
4.	Verification I have read ลูกd understand FF ห	PPC Regulations 18944	1.1 and 18942. I	have verified	that the distribution set forth	above, is in accordance
		100 10	n Fergeroon		Ticket Administrator	1/15/10
	- Wandanie in Boeden Head of Hesida				Title	(month, day, year)
8	Commant:		in Fergerson rint Name	<u> </u>	Ticket Administrator Title	1/15/1 (month, day

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 Leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: Warriors Basketball 11 , Date(s) _____/_ If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Income Caremonial Role If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Fremont Police Officers Assocaiation 4/1 To reward a Community volunteer for his or her service to the public. 4833 Bernal Avenue PO Box 909, Pleasanton, CA 94566 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Ticket Administrator 1/7/19 Lee Ann Fergerson (month, day, year) Print Name

gency Report of. eremonial Role Events				Date Stamp	California 👩	
Agency Name				Date Statip	Form 8	02
ALAMEDA COUNTY					For Official Use C	Only
Division, Department, or Regio	n (if applicable)					
BOARD OF SUPERVISORS	i ii		·			
Designated Agency Contact (N	ame, Title)		,			
LEE ANN FERGERSON, TIC	KET ADMINISTRAT	OR.		Amendment (Mus	st Provide Explanation in Part	(3.)
Area Code/Phone Number	E-mail			Date of Original Filin		
510-227-6691	leeann.fergerson@a	egov.org		Date of Original Film	(month, day, year)	
Function or Event Inform	nation				60.00	
Does the agency have a ticke	et policy? Yes ⊠	No ☐ Fa	ce Value of	Each Ticket/Pass \$		
Event Description: HARLEM	GLOBETROTTERS Provide Title/ Explena	Da	te(s)1	<u>/ 12 / 19</u>		
Ticket(s)/Pass(es) provided b	Linking times mulatoria	No□ Ifr	io. GSW	· · · · · · · · · · · · · · · · · · ·		
licket(s)/Pass(es) provided of	y agonoy: 163.12	2 1		Name of Source		
Was ticket distribution made	at the behest Yes	No□ Ify	es: Hagger	ty, Scott Official's Name (Last, Fi	irst)	
of agency official?				. 0,000,000	··•	
of agency official.						
Recipients					= 0	
 Use Section A to identify the agenc 	y's department or unit. • I	ise Section B to id	entify an indivi	dual. Use Section C to i	dentity an outside organiza	anon.
	And the second s					
	aminus pur fiete	Number	Describe t	he public purpose made	pursuant to the agency's	policy
A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/ Passes	Describe l	he public purpose made	pursuant to the agency's	policy
A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/	Describe I	he public purpose made	pursuant to the agency's	-policy
A. Name of Agency, Dapar	rtment or Unit	of Ticket(s)/	Describe t	he public purpose made	pursuant to the agency's	policy
A. Name of Agency, Dapar	rtment or Unit	of Ticket(s)/	Describe i	he public purpose made	pursuant to the agency's	policy
A. Name of Agency, Dapar	rtment or Unit	of Ticket(s)/	Describe (he public purpose made	pursuant to the agency's	policy
N. defined		of Ticket(s)/ Passes	Describe I	he public purpose made		policy
Name of Agency, Dapar Name of Indiv	/idua)	of Ticket(s)/ Passes	Describe (
R Name of Indiv	/idua)	of Ticket(s)/ Passes Number of Ticket(s)/	Cene	litientify one of	the following:	
R Name of Indiv	/idua)	of Ticket(s)/ Passes Number of Ticket(s)/	Cene	ldentify one of	the following:	
R Name of Indiv	/idua)	of Ticket(s)/ Passes Number of Ticket(s)/	Cene	litientify one of	the following:	policy Income C
R Name of Indiv	/idua)	of Ticket(s)/ Passes Number of Ticket(s)/	Cere if che	Identify one of a committee Other committee Other committee or "Other committee on one of the committee of t	the following: er nor describe below: at a county sponsor	Income E
R Name of Indiv	/idua)	Of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere	lidentify one of a commonial Role Otherwhole Role of "Other commonial Role" or "Other commonial attendance tent in order to maxi	the following: er ner describe below at a county sponsor mize potential county	Income C
B. Name of Indiv (Last, Firs	/idua)	of Ticket(s)/ Passes Number of Ticket(s)/	Cere	lidentify one of a commonial Role Otherwhole Role of "Other commonial Role" or "Other commonial attendance tent in order to maxi	the following: er nor describe below: at a county sponsor	Income C
B. Name of Indiv (Last, First)	/idua)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere If che	literitify one of the acking "Ceremonial Role" of "Other compared attendance the in order to maxily venue for concession	the following: er er describe below: at a county sponsor mize potential county on and parking sales	Income E
B. Name of Indiv (Lest, First Mamea, Fia	ridua) il)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere If che	literitify one of the acking "Ceremonial Role" of "Other compared attendance the in order to maxily venue for concession	the following: er ner describe below at a county sponsor mize potential county	Income E
B. Name of Indiv (Last, First) (Last, First) Mamea, Fia	ridua) il)	Of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere If che	literitify one of the acking "Ceremonial Role" of "Other compared attendance the in order to maxily venue for concession	the following: er er describe below: at a county sponsor mize potential county on and parking sales	Income E
B. Name of Indiv (Lest, First Mamea, Fia	ridua) il)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere If che	literitify one of the acking "Ceremonial Role" of "Other compared attendance the in order to maxily venue for concession	the following: er er describe below: at a county sponsor mize potential county on and parking sales	Income E
B. Name of Indiv (Lest, First Mamea, Fia	ridua) il)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere If che	literitify one of the acking "Ceremonial Role" of "Other compared attendance the in order to maxily venue for concession	the following: er er describe below: at a county sponsor mize potential county on and parking sales	Income E
B. Name of Indiv (Lest, First Mamea, Fia	ridua) il)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere If che	literitify one of the acking "Ceremonial Role" of "Other compared attendance the in order to maxily venue for concession	the following: er er describe below: at a county sponsor mize potential county on and parking sales	Income E
B. Name of Indiv (Lest, First Mamea, Fia	ridua) il)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere If che	literitify one of the acking "Ceremonial Role" of "Other compared attendance the in order to maxily venue for concession	the following: er er describe below: at a county sponsor mize potential county on and parking sales	Income E
B. Name of Indiv (Lest, First Mamea, Fia Mame of Outside Of (Include address and	ridua) it) rganization I description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	Cere if che To p ev re	Identify one of the monial Role Other of the acking "Geremonial Role" of "Other compared attendance ent in order to maxivenue for concession the public purgose mass	er Describe below. at a county sponsor mize potential county on and parking sales a pursuant to the agency!	Income C
B. Name of Indiv (Last, First Mamea, Fia Mame of Outside Of (Include address and	ridua) it) rganization I description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	Cere if che To p ev re	Identify one of the monial Role Other of the acking "Geremonial Role" of "Other compared attendance ent in order to maxivenue for concession the public purgose mass	er Describe below. at a county sponsor mize potential county on and parking sales a pursuant to the agency!	Income E
B. Name of Indiv (Last, First) Mamea, Fia Name of Quiside Of (Include address; and	ridua) it) rganization I description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	Cere if che To p ev re	Identify one of the monial Role Other of the acking "Geremonial Role" of "Other compared attendance ent in order to maxivenue for concession the public purgose mass	er Describe below. at a county sponsor mize potential county on and parking sales a pursuant to the agency!	Income E
B. Name of Indiv (Last, First Mamea, Fia Mame of Outside Of (Include address and	ridual riganization I description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	Cere if che To p ev re	Identify one of the monial Role Other of the acking "Geremonial Role" of "Other compared attendance ent in order to maxivenue for concession the public purgose mass	the following: er er at a county sponsor mize potential county on and parking sales e pursuant to the agency! set forth above, is in act	Income E

eremonial Role Event				Data Staron	
Agency Name				Date Stamp	California 802
ALAMEDA COUNTY			For Official Use Only		
Division, Department, or Regi			,		
BOARD OF SUPERVISORS	3				
Designated Agency Contact ((Name, litte)				
LEE ANN FERGERSON				Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, year)
510-272-6691	leeann.fergerson@a	legov.org			(monal, day, year)
Function or Event Infor		_ F	a Value of	Each Ticket/Pass \$ $\frac{3}{2}$	04.80
Does the agency have a ticl	ket policy? Yes ⊠				
Event Description: WARRIC	ORS VS. PELICANS		e(s)	<u>, 16 , 19</u>	
			o: GSW		·
Ticket(s)/Pass(es) provided	by agency? Yes 🛚			Name of Source	
Was ticket distribution made	e at the behest Yes] No□ If y	es: <u>Hagger</u>	ty, Scott Official's Name (Last, First))
of agency official?	ii I				
. Recipients • Use Section A to identify the agen A. Name of Agency, Dep		Jse Section B to ide Number of Ticket(s)/ Passes			ntify an outside organization. ursuant to the agency's policy
Use Section A to identify the ager		Number of Ticket(s)/			
Use Section A to identify the age A. Name of Agency, Dep Name of Inc.	artment or Unit	Number of Ticket(s)/			ursuant to the agency's policy
Use Section A to identify the ager A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	e following:
Use Section A to identify the age A. Name of Agency, Dep Name of Inc.	artment or Unit	Number of Ticket(s)/	Cere	identify one of the	rsuant to the agency's policy following: Income describe below:
Use Section A to identify the age A. Name of Agency, Dep Name of Inc.	griment or Unit	Number of Ticket(s)/	Cere If che	identify one of the monial Role Other cking "Ceremonial Role Other cking "Ceremonial Role" or "Other" cking "Ceremonial Role" or "Other"	rsuant to the agency's policy following: Income describe below:
Name of Outside	entment or Unit dividual lifst) Organization and description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/	Cere If che Cere If che	Identify one of the monial Role Other cking "Ceremonial Role Other cking "Ceremonial Role" or "Other" cking "Ceremonial Role" or "Other" the public purpose made p	Income describe below: Income describe below: Income describe below:

LEE ANN FERGERSON TICKET ADMINISTRATOR (month, day, year)

Print Name Title (month, day, year)

The proceeds from this fundraiser will be used to address the needs of individuals with Autism, Down Syndrome, Cerebral Palsy and other developmental disabilities as well as adults who have become disabled as a result of health crisis, accidents and acts of violence.

6) 2)

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions		್ಷರ್lic Document
1.	Agency Name Alameda County					California 802
	Division, Department, or Reg Board of Supervisors	поп (и аррисавіе)	20			For Official Use Only
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail			Amendment (Musi Pi	rovide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ 1,	500
	Event Description: Elton Joi				<u>, 18 , 19</u>	
	Ticket(s)/Pass(es) provided			no: GSW		
	Was ticket distribution made			yes: Hagger	Name of Source ty, Scott	
	of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi	vidual	Number of Tieket(s)		Identify one of the fo	ollowing:
	(Last, Fire		of Ticket(s)/ Passes		ruentay one or the ic	
	Burkett, Rob		4	eve	romote attendance at a int in order to maximize enue for concession a	e potential county
	_			1	nonial Role Other Other Ming "Ceremonial Role" or "Other" des	Income [criba below:
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
		υ				
				·		
	Verification l hสุงจุ read and understand FP	PC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance
1		Lee An	n Fergerson		Ticket Administrator	1/22/19
		Pr	int Name		Title	(month, day, year)

ency Report of. remonial Role Event			1	Date Stamp	forma 802
gency Name	ui i				Form For Official Use Only
ALAMEDA COUNTY	ing (if applicable)			2	Fol Others are and
Division, Department, or Reg					
BOARD OF SUPERVISORS	5				
Designated Agency Contact	(Name, Title)	20			Service Symbolion in Part 3.1
LEE ANN FERGERSON, T	CKET ADMINISTRAT	JR		Amendment (Musica	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, year)
510-227-6691	leeann.fergerson@a	cgov.org			(memil, day, year)
Function or Event Infor	mation	— Far	e Value of	Each Ticket/Pass \$ 6	0.00
Does the agency have a tic	ket policy? Yes 🗵	No -Fac	30 Amine 'e-	4 0 10	
Event Description: HARLE	M GLOBETROTTERS Provide Title/ Explana	tion		<u>, 19 , 19 </u>	
		No□ lfr	no: GSW		
Ticket(s)/Pass(es) provided	Thy agency: 165 Z			Name of Source	¥
Was ticket distribution mad	e at the behest. Yes T	1 No□ lfy	es: <u>Hagge</u>	Official's Name (Last, First	
of agency official?					
The state of the s	<u> </u>				
Recipients • Use Section A to identify the ag	ency's department or unit.	Use Section B to id	lentify an indiv	idual. • Use Section C to rec	altify an ottones 8
the state of the s				Allo numose made p	ursuant to the agency's policy
			Beerrine	LINE DUTING RAILPARE	而为了。(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Δ Name of Agency, De	partment or Unit	of Ticket(s)/ Passes	Describe	alle honge keek.	
A. Name of Agency, De	partment or Unit		Describe	tile house hary	
A. Name of Agency, De	partment or Unit		Describe	me passic pary	
A. Name of Agency, De	partment or Unit		Describe	me having barbara	
A. Name of Agency, De	partment or Unit		Describe	Me having barbar	
A. Name of Agency, De	partment or Unit	Passes	Describe		
N-model.		Passes Number	Describe	identify one of th	
	ndlvidual	Passes		Identify one of th	ie following:
B Name of l	ndlvidual	Passes Number		Identify one of the	ne following:
B Name of l	ndlvidual	Passes Number		Identify one of th	ne following:
B Name of l	ndlvidual	Passes Number		Identify one of the semonial Role (Other hacking "Ceremonial Role" or "Other	e following: Income describe below:
B Name of l	ndlvidual	Passes Number	Ce #c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other remonial Role Other	ie following: Income describe below:
B Name of l	ndlvidual	Passes Number	Ce #c	Identify one of the remonial Role ☐ Other hacking "Ceremonial Role" or "Other	ie following: Income describe below:
B Name of l	ndlvidual	Passes Number	Ce #c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other remonial Role Other	ie following: Income describe below:
B Name of l	ndlvidual	Number of Ticket(s)/ Passes	Ce // c	Identify one of the remonial Role \to Other hacking "Ceremonial Role" or "Other eremonial Role \to Other hacking "Ceremonial Role" or "Other hacking "Ceremonial Role" or "Other	ie following: Income describe below: Income
B. Name of (Last;	ndividual First)	Number of Ticket(s)/ Passes	Ce // c	Identify one of the remonial Role \to Other hacking "Ceremonial Role" or "Other eremonial Role \to Other hacking "Ceremonial Role" or "Other hacking "Ceremonial Role" or "Other	ie following: Income describe below:
B. Name of (Last)	ndividual First):	Number of Ticket(s)/ Passes	Ce #c	Identify one of the remonial Role \to Other hecking "Ceremonial Role" or "Other hecking "Ceremonial Role" or "Ceremonial Ro	ie following: Income describe below: Income income describe below: pursuant to the agency's police
B. Name of (Last) C. Name of Outsic (Include address	ndividual First) te Organization and description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ce #c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other eremonial Role Other hacking "Ceremonial Role" or "Other hacking "Ceremonial Role" or "Ceremonial Role"	the following: Income describe below: I locome income in
B. Name of (Last) C. Name of Outsic (Include address	ndividual First) te Organization and description)	Number of Ticket(s)/ Passes	Ce #c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other eremonial Role Other hacking "Ceremonial Role" or "Other hacking "Ceremonial Role" or "Ceremonial Role"	the following: Income describe below: I locome income in
B. Name of (Last) C. Name of Outsix (Include address Abode Services (Sunrise Emergency Shelter 58)	ndividual First) te Organization and description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ce #c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other eremonial Role Other hacking "Ceremonial Role" or "Other hacking "Ceremonial Role" or "Ceremonial Role"	ie following: Income describe below: Income income describe below: pursuant to the agency's police
B. Name of (Last) C. Name of Outsic (Include address	ndividual First) te Organization and description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ce #c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other eremonial Role Other hacking "Ceremonial Role" or "Other hacking "Ceremonial Role" or "Ceremonial Role"	the following: Income describe below: I locome income in
B. Name of Outsic (Last) C. Name of Outsic (Include address) Abode Services (Sunrie Emergency Shelter 58) CA 94539	ndividual First) te Organization and description) se Village) 8 Brown Rd. Fremont,	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4	Ce if c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other eremonial Role" or "Other hacking "Ceremonial Role" or "Ceremo	income in
B. Name of Outsite C. (Include address Abode Services (Sunrise Emergency Shelter 58) CA 94539	ndividual First) te Organization and description) se Village) 8 Brown Rd. Fremont,	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4	Ce if c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other eremonial Role" or "Other hacking "Ceremonial Role" or "Ceremo	income in
B. Name of Outsite C. (Include address Abode Services (Sunrise Emergency Shelter 58) CA 94539	ndividual First) te Organization and description) se Village) 8 Brown Rd. Fremont,	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4	Ce if c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other eremonial Role" or "Other hacking "Ceremonial Role" or "Ceremo	the following: Income describe below: Income describ
C. Name of Outsir (last) C. Name of Outsir (include address) Abode Services (Sunrie Emergency Shelter 58) CA 94539 4. Verification I have read and understan	ndividual First) te Organization and description) se Village) 8 Brown Rd. Fremont, d FPPC Regulations 189	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 44.1 and 18942	Ce if c	Identify one of the remonial Role Other hacking "Ceremonial Role Other checking "Ceremonial Role" or "Other checking "Ceremonial Role" or "Ceremo	the following: Income describe below: Income describ
B. Name of Outsite C. (Include address Abode Services (Sunrise Emergency Shelter 58) CA 94539	ndividual First) te Organization and description) se Village) 8 Brown Rd. Fremont, d FPPC Regulations 189	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4	Ce if c	Identify one of the remonial Role Other hacking "Ceremonial Role" or "Other eremonial Role" or "Other hacking "Ceremonial Role" or "Ceremo	income income income describe below: If I income i

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distril	butions	AI	Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name,Title)					
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Pro	with Evelopoites in Bart 2 I	
	Area Code/Phone Number	E-mail			Minenament (wast Pro	ovice explanation in Pair 5.)	
	510-272-6691	leeann.fergerson@	Dacgov.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation			7	4.90	
	Does the agency have a tick	ket policy? Yes	☑ No ☐ F	ace Value of	Each Ticket/Pass \$	100	
	Event Description: Supercro	OSS 2019 Provide Title/ Expl	D	ate(s)	, 26 , 19		
	Ticket(s)/Pass(es) provided		⊠ No□ If	no: GSW	Name of Source	·	
	Was ticket distribution made of agency official?	e at the benest Yes	⊠ No 🗆 If	yes: <u>Hagger</u>	ty, Scott Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the ager	icy's department or unit.	· Use Section B to ic	lentify an individ	lual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depart	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy		
		4					
		"					
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the fo		
	Thurston, Donny (and Kids)		6	eve	omote attendance at a county sponsored , C nt in order to maximize potential county enue for concession and parking sales.		
					monial Role Other Ching "Ceremonial Role" or "Other" des	Income	
					×		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pursuant to the agency's policy		
		¥					
					,		
4.	Verification I have read and understand Fl	DDC Pagulations 1904	4.1 and 18042	l have verified	that the distribution set fo	orth above, is in accordance	
	navertead and understand Fi			, nave vermeu			
		Lee A	nn Fergerson		Ticket Administrator	1/24/19 (month, day, year)	
	Comment;		Print Name		, 449		

						THE WAR IN DECIDING
1.	Agency Name			•	Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicab	ile)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	3
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Cl	hristy@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation			·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Does the agency have a ticke	t policy?	Yes⊠ No 🗆] Face Value o	of Each Ticket/Pass \$ _	<u> </u>
	Event Description PBR Oakla	and Classic		Date(s)01	1 , 05 , 19	
	Event Description	Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No 🗵	If no: Golder	n state Warriors	
					Name of Sc	
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes 🗵	If yes: <u>valle,</u>	, Richard- Supervisor Official's Name (USTRICT Z
_						
3.	Recipients • Use Section A to identify the agency	's department or	unit. • Use Section	on B to identify an individu	ual. ● Use Section C to iden	tify an outside organization
	A. Name of Agency. Departmen		Number of			
	A. Rame of Agency, Departmen	it or only	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
						
					ě.	
	Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
-			Pass(es)	Commercial Data	Other D	
	Parra, Ángela			"To rewar	other da community	Income 📙
			4	volunteer	r for his or her se	arvice
				to the pul	OHC	Income
				1		
-	Name of Outside Organiz	ation	Number of			
•	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
-				· · · · · · · · · · · · · · · · · · ·		
-						
_ \	/erification			·····		
-	have read and understand FPPC Regulat	ions 18944.1 and	18942. I have verifie	ed that the distribution set for	rth above, is in accordance with	the requirements.
			Gabriela Chri	sty S	Supervisor's Assistant	8-8-19
		-	Print Name	,	Title	(Month, Day, Year)
	l I					
	Comment:					

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicab	ole)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Gabriela Christy					1
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Cl	hristy@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor			· · · · · · · · · · · · · · · · · · ·	1	(Mornii, Day, Teal)
	Does the agency have a ticke		Yes⊠ No□	Face Value o	of Each Ticket/Pass \$	304.50/30
	Event Description GS vs. Ne	-	100 🛅 110 🛅			
	Event Description	Provide Title/Exp	planation	_ Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes□ No⊠	If no. Golder	n state Warriors	
	rioket(o), rabb(co) provided by	agonoy.	Tes 🔲 No 🔯		Name of Sou	
	Was ticket distribution made a	t the behest	No 🗌 Yes 🗵	lf yes: Valle,	Richard- Supervisor D	District 2
	of agency official?				Official's Name (L	ast, First)
3.	Recipients				<u>-</u> .	
	Use Section A to identify the agency	's department or		B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
			Pass(es)			
			+			
			1			
•	B. Name of Individua	1	Number of			-
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ıg:
				Ceremonial Role	Other	Income 🗌
	McAllister, Darryl		41.	To reward	d a community	
			1 -1/1		for his or her ser	wice
		-	,			
				to the pub	olic	Income
i	Name of Outside Organi	zation	Number of	Describe the publi	ic purpose made pursuant to	o the opening relieve
_	(include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy
_						
						8
•						
. 1	Verification		<u> </u>		·	
	haua raad and understand FPPC Regula	tions 18944.1 and	d 18942. I have verified t	that the distribution set fo	rth above, is in accordance with	the requirements.
			Gabriela Christ		Supervisor's Assistant	8-8-9
			Print Name		Title	(Month, Day, Year)
(Comment:					

_						Tit dance becamen
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Board of Supervisors		19		ra e	п
	Designated Agency Contact ((Name, Title)				
	Gabriela Christy				Amandment (44	Lide and action in Data 1
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Cl	hristy@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation			to the	204 50/20
	Does the agency have a ticke	t policy?	Yes⊠ No□	Face Value o	of Each Ticket/Pass \$	304.50/30
	Event Description GS vs.Chie	cago		Date(s)01	, 11 , 19	
	,	Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🗵	If no: Golder	n state Warriors Name of Sou	rce
,	Was ticket distribution made a	t the heheet	N. 🗆 V 🔯	, Valle.		
	of agency official?	i the penesi	No ☐ Yes 🏻	If yes:	Richard- Supervisor D	ast, First)
2	Recipients			·-·		
	 Use Section A to identify the agency 	r's department o	r unit. • Use Section E	3 to identify an individu	ual. • Use Section C to identi	fy an outside organization.
•	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
-					1	
	R Name of Individua		Number of			
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	ng:
-	Rodriquez, Mike		4/1		□ other □ d a community for his or her ser	income
-						
		127		to the pub	one	Income 🗌
-	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
_					Ţ	
				101 <u> </u>	10	
	Verification	400 11 1	440040 44		all above in in consult.	41-
g	Mave read and understand EPPC Requis	шопs 16944.1 a nd	Gabriela Christy		orn above, is in accordance with Supervisor's Assistant	rie requirements.
	9		Print Name		Title	(Month, Day, Year)

Board of Supervisors Board of Supervisors Board of Supervisors Cabriela Christy									
Board of Supervisors Designated Agency Contact (Name, Tale)	1.	Agency Name	·	Date Stamp					
Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (S10) 272-6692 Gabriela Christy@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes No Detection But of Original Filing: (Month, Dev., Year) Event Description Harlem Globetrotters World Tour Provide Inference Information Does the agency have a ticket policy? Yes No Detection But of Original Filing: (Month, Dev., Year) Event Description Harlem Globetrotters World Tour Provide Inference Information Does the agency have a ticket policy? Yes No Detection But of Original Filing: (Month, Dev., Year) Event Description Harlem Globetrotters World Tour Provide Inference Information Does the agency have a ticket policy? Was ticket distribution made at the behest No Detection But of Original Filing: (Month of Source Name (Last, First)) Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section B to identify an individual Use Section B to identify an individual Use Section B to identify one of the following: Pass(es) B. Name of Individual - Ticket(s)/ Pass(es) - Describe the public purpose made pursuant to the agency's polic in recent and orders and description or Ticket(s)/ Pass(es) - Ceremonial Role - Other - Other Describe below: C. Name of Outside Organization (Include address and description) - Pass(es) - Ceremonial Role - Other - Other Describe Section: - To reward a school or nonprofit organization for its contributions to the community - Ceremonial Role - Other Describe Section Pass(es) - To reward a school or nonprofit organization for its contributions to the community - Ceremonial Role - Other Describe Section Pass(es) - To reward a school or nonprofit organization for its contributions to the community - Ceremonial Role - Other Describe Section Pass(es) - To reward a school or nonprofit organization in government or the community - To reward and active participation in government or the community -		Alameda County							
Designated Agency Contact (Name, Title) Gabriela Christy Area Codd/Phone Number (Number (510) 272-6892 Gabriela.Christy@acgov.org Date of Original Filling:		Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only		
Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela. Christy@acgov.org Z. Function or Event Information Does the agency have a ticket policy? Yes No Pate of Original Filling: (Month, Day, Year) Event Description Harlem Globetrotters World Tour Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ Event Description Harlem Globetrotters World Tour Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ Event Description Harlem Globetrotters World Tour Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ Event Description Harlem Globetrotters World Tour Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ If no Golden state Warriors Name of Source Name of Source Name of Source Name of Last, First) Recipients - Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organize A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) B. Name of Individual Provided		Board of Supervisors							
Area Code/Phone Number (510) 272-6692 Gabriela. Christy@acgov.org Date of Original Filing: Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: Month, Day, Year) Event Description Harlem Globetrotters World Tour Provide TitletExplanation Ticket(s)/Pass(es) provided by agency? Yes No Mare of Source Was ticket distribution made at the behest of agency official? 3. Recipients - Use Section A to Identify the agency's department or unit. * Use Section B to Identify an Individual. * Use Section C to Identify an outside organization (see Year) A. Name of Agency. Department or Unit Ticket(s)/Pass(es) B. Name of Individual (see Year) Number of Ticket(s)/Pass(es)		Designated Agency Contact (Name, Title)						
Area Code/Phone Number (510) 272-6692		Gabriela Christy				Amendment (Must b)	rovide explanation in Part 3.)		
Set Passive		Area Code/Phone Number	E-mail						
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Harlem Globetrotters World Tour Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Mo Matter distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to Identify an outside organization Ticket(s)/ Pass(es) B. Name of Individual Number of Ticket(s)/ Pass(es) B. Name of Individual (surf. Fast) B. Name of Outside Organization (include address and description) C. Name of Outside Organization (include address and description) Eden LWW P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, atteins 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.		(510) 272-6692	Gabriela.Cl	hristy@acgov	v.org	Date of Original Filing: .	(Month, Day, Year)		
Event Description Harlem Globetrotters World Tour Provide TitletExplanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: Golden state Warriors Name of Source Was ticket distribution made at the behest of agency official? Recipients Use Section A to Identify the agency's department or unit. Number of Ticket(s)/ Pass(es) B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (and final) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If the describe below: Ceremonial Role Other If the ceremonial Role Other I	2.	Function or Event Inform	nation				60		
Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden state Warriors Name of Source Was ticket distribution made at the behest of agency official? Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization (I.est, Frai) Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic (I.est, Frai) Pass(es) Ceremonial Role		Does the agency have a ticket	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	60		
Was ticket distribution made at the behest of agency official? No Yes Valle, Richard- Supervisor District 2 of agency official? Recipients Use Section A to Identify the agency's department or unit. Use Section B to Identify an individual. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic pass(es) Number of Ticket(s)/ Pass(es) Recipients Use Section A to Identify an outside organization (Last Fast) Number of Ticket(s)/ Pass(es) Recipients Use Section B to Identify an individual. Number of Ticket(s)/ Pass(es) Recipients Recipients Number of Ticket(s)/ Pass(es) Recipients Recipients Number of Ticket(s)/ Pass(es) Recipients Recipients Recipients Number of Ticket(s)/ Pass(es) Recipients Recipien		Event Description Harlem Glo			Date(s)01	<u>, 12 , 19</u>			
Was ticket distribution made at the behest of agency official? No Yes Valle, Richard- Supervisor District 2 of agency official? Recipients Use Section B to identify an individual. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last Fins) Number of Ticket(s)/ Pass(es) Number of Individual (Last Fins) Ceremonial Role Other If the checking Ceremonial Role or Other describe below. Ceremonial Role Other or Other describe below. To reward a school or nonprofit organization for its contributions to the community. Eden LWW P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, altions 18944, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		Ticket(s)/Pass(es) provided by	agency?	Voo □ No	If no Golder	n state Warriors			
3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		Tionot(o)// doo(oo) provided by	agonoy.	162 🗀 110	حي	Name of Sou			
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organize. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	1		t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	District 2		
A. Name of Agency, Department or Unit Number of Tricket(s)/ Pass(es)		of agency official?				Official's Name (L	ast, First)		
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)									
B. Name of Individual (Lawt, Final) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:		 Use Section A to identify the agency 	's department o		ction B to identify an individu	ial. • Use Section C to identi	ify an outside organization.		
B. Name of Individual ((Last, First)) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Community To reward a school or nonprofit organization for its contributions to the community Eden LWW P.O. Box 2234 Castro Valley, CA 94546 A		A. Name of Agency, Departmen	nt or Unit	Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
B. Name of Individual ((Last, First)) Ceremonial Role Other If thecking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If thecking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If thecking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If thecking "Ceremonial Role" or "Other" describe below: Commonial Role Other If thecking "Ceremonial Role" or "Other" describe below: Commonial Role Other If thecking "Ceremonial Role" or "Other" describe below: Commonial Role Other If thecking "Ceremonial Role" or "Other" describe below: Commonial Role Other If thecking "Ceremonial Role" or "Other" describe below: Commonial Role Other If the Ceremonial Role Other If the Ceremonial Role Other If the Ceremonial Role If th	-								
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B. Name of Individual ((Last, First)) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Community To reward a school or nonprofit organization for its contributions to the community Eden LWW P.O. Box 2234 Castro Valley, CA 94546 A	•								
B. Name of Individual ((Last, First)) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Community To reward a school or nonprofit organization for its contributions to the community Eden LWW P.O. Box 2234 Castro Valley, CA 94546 A	_		· · · · · · · · · · · · · · · · · · ·						
C. Name of Outside Organization (include address and description) Eden LWW P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, I checking "Ceremonial Role" or "Other" describe below: To reward a school or nonprofit organization for its contributions to the community The League of Women Voters, a nonpartisan political organization, The League of Women Voters and properties of the community of the communit				Ticket(s)/		Identify one of the following	ng:		
C. Name of Outside Organization (include address and description) Eden LWV P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, I have read and understand Section (ations 18944,1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.							Income		
C. Name of Outside Organization (include address and description) Eden LWW P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, I have read and understand ISSA (action) I have read and understand ISSA (action) Number of Ticket(s)/Pass(es) To reward a school or nonprofit organization for its contributions to the community Eden LWW P.O. Box 2234 Castro Valley, CA 94546 A encourages informed and active participation in government works to increase understanding of major public policy issa 1. Verification I have read and understand ISSA (action) I have read and understand ISSA (action) To reward a school or nonprofit organization for its contributions to the community Eden LWW P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a encourages informed and active participation in government works to increase understanding of major public policy issa 1. Verification I have read and understand ISSA (action) The checking "Ceremonial Role" or "Other" describe below: To reward a school or nonprofit organization for its contributions to the community					9				
C. Name of Outside Organization (include address and description) Eden LWV P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, I have read and understand 1555 ations 18944, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	-				Ceremonial Role	Other	Income 🗌		
C. Name of Outside Organization (include address and description) Eden LWV P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, I have read and understand 5555 (attions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					If checking "Ceremoni	al Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description) Eden LWV P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, I have read and understand 5555 (attors 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.									
Ticket(s)/ Pass(es) Ticket(s)/ Pass(es) Organization for its contributions to the community Eden LWV P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, I have read and understand 5555 ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	-			Number of	— To reward a s	chool or nonprofit			
Eden LWV P.O. Box 2234 Castro Valley, CA 94546 The League of Women Voters, a nonpartisan political organization, encourages informed and active participation in government works to increase understanding of major public policy issues. I. Verification I have read and understand 5555 (attions 18944, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	_			Ticket(s)/			to gency's policy		
nonpartisan political organization, works to increase understanding of major public policy iss I. Verification I have read and understand form attions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				4	the community	Ŋ			
I have read and understand 5555 attions 18944,1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					encourages informe works to increase u	ed and active participat nderstanding of major	ion in government, public policy issues, an		
I have read and understand 5555 attions 18944,1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	۱. ۱	Verification							
Cabriala Christy Supervisor's Assistant C-C			tions 18944 _. 1 and	d 18942. I have vei	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
Gabilleia Christy Supervisor & Assistant K - X				Gabriela Cl	hristy	Supervisor's Assistant	8-8-19		
		-				Title	(Month, Day, Year)		
				9					

Agency Report of:

, (900)	Po		
Ceremonia	I Role Event	s and Ticket/Pass	Distributions

_						
1. Agency Name					Date Stamp	California 202
	Alameda County			Form 002		
	Division, Department, or Regi	ion (If Applicab		For Official Use Only		
	Board of Supervisors		11			
	Designated Agency Contact (Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail	-		Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov	v.org	Date of Original Filing: .	(Month, Day, Year)
2 .	Function or Event Inform					(World, Day, Year)
	Does the agency have a ticket	t policy?	Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$	304.50/30
	Event Description GS vs. Nev	w Orleans		01	, 16 , 19	
	Event Description	Provide Title/Exp	planation	Date(s)	13	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes □ No	Isl If no: Golder	state Warriors	
		• .	169 🔲 140	_	Name of Sou	
1	Was ticket distribution made at	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I	District 2
	of agency official?				Uπiciai s Name (L	ast, First)
	Recipients			9		
	Use Section A to identify the agency	's department or	Number of	ction B to identify an individu T	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
				1		
-						
Ī	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
- 1				Ceremonial Role [ng:
-			Ticket(s)/	If checking "Ceremonia Ceremonial Role	Other	
-		E)	Ticket(s)/	If checking "Ceremonia Ceremonial Role If checking "Ceremonia	Other Other Other describe below: Other Other Other describe below:	Income
-		zation	Ticket(s)/	If checking "Ceremonia Ceremonial Role [If checking "Ceremonia To reward a s Organization to	Other Del Role" or "Other" describe below: Other Del Role" or "Other" describe below: Chool or nonprofit for its contributions	Income Income
-	(Lest, First) Name of Outside Organiz	zation ription)	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremonia Ceremonial Role [If checking "Ceremonia To reward a s	Other Del Role" or "Other" describe below: Other Del Role" or "Other" describe below: Chool or nonprofit for its contributions	Income Income
	Name of Outside Organiz (include address and desc	zation ription) , Fremont, nen every	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremonial If checking "Ceremonia To reward a s organization the communit	Other Other Other describe below: Other Other or "Other" describe below: Chool or nonprofit for its contributions Other or the describe below:	Income In
	Name of Outside Organiz (include address and desc SAVE 1900 Mowry Ave #201 CA 94538 SAVE's mission is to strength	zation ription) , Fremont, nen every	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role [If checking "Ceremonial If the ching "Ceremonial If the communit If the ching "Ceremonia and supplication of the community and the c	Other Other Other describe below: Other Other or "Other" describe below: Chool or nonprofit for its contributions Other or the describe below:	Income In
	Name of Outside Organiz (Include address and desc SAVE 1900 Mowry Ave #201 CA 94538 SAVE's mission is to strength ndividual and family we serve	ration ription) , Fremont, nen every e with the	Number of Ticket(s)/ Pass(es)	Ceremonial Role [If checking "Ceremonial If checking "Ceremonial To reward a sorganization the communit knowledge and suppriolence and build here	Other Other Other or "Other" describe below: Other Other or "Other" describe below: chool or nonprofit for its contributions by contributions by	Income In
	Name of Outside Organiz (include address and desc SAVE 1900 Mowry Ave #201 CA 94538 SAVE's mission is to strength ndividual and family we serve	ration ription) , Fremont, nen every e with the	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role In the checking "Ceremonial Role In the community the community will be community the community of the community will be community the community that the distribution set for	Other Other Other or "Other" describe below: Other Other or "Other" describe below: chool or nonprofit for its contributions by contributions by	Income In

ocicinoma itolo Eve	iito ana iit	oncor ass	Distributions		A Public Document
1. Agency Name		_ <u>-</u>		Date Stamp	California 802
Alameda County					Carlotte Co. Co. Co.
Division, Department, or Re	egion (If Applicabl		For Official Use Only		
Board of Supervisors					
Designated Agency Contac	t (Name,Title)		N.		
Gabriela Christy				Amendment (Must prov	ide avalanction in Bart 21
Area Code/Phone Number	E-mail				
(510) 272-6692	Gabriela.Ch	risty@acgo\	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	rmation			· · · · · · · · · · · · · · · · · · ·	
Does the agency have a tick		Yes 🗵 No		f Each Ticket/Pass \$	60
Event Description Elton Joint Description	nn Farewell Ye	llow Brick Ro	Date(s) 01	, 18 , 19	
	Frovide Title/Exp	ianation		state Warriors	
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	☑ If no: Golder	n state Warriors Name of Source	re
Was ticket distribution made	at the behest	No ☐ Yes	IXI If yes. Valle,	Richard- Supervisor Dis	strict 2
of agency official?		140 🗀 162	il yes.	Richard- Supervisor Dis	t, First)
3. Recipients					
Use Section A to identify the ager	ncy's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Departs	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
	2				
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	To reward a	•	
			volunteer fo	r his or her servic	e Income
Aro, Mark		2	to the public		
		2	•		
18	···		To reward a co	ommunity	Income 🔲
Maxey, Mike		9-			
		9		nis or her service	
		Number of	_ to the public		
C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	1		agency's policy
. Verification		<u></u> -			<u> </u>
hours road and understand EDDC Ren	ulations 18944.1 and	18942. I have ver	rified that the distribution set for	rth above, is in accordance with th	e requirements.
	-	Gabriela Cl	hristy S	Supervisor's Assistant	8-8-19
\$	à	Print Name		Title	(Month, Day, Year)
Comment:				· · · · · · · · · · · · · · · · · · ·	

1.	Agency Name				Date Stamp	California Q02
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicab	ole)		For Official Use Only	
	Board of Supervisors				10	
	Designated Agency Contact	(Name, Title)				
	Gabriela Christy				Amondment (Must exe	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	Gabriela.Cl	hristy@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				60
	Does the agency have a ticke		Yes 🗵 No 🗌	Face Value o	f Each Ticket/Pass \$	60
	Event Description Harlem Gl	obetrotters V	Vorld Tour	01	, 19 , 19	
				Golder	state Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🗵	If no: Solution	Name of Sour	ce
	Was ticket distribution made a	t the behest	No □ Yes ⊠	If ves. Valle,	Richard- Supervisor D	istrict 2
	of agency official?		110 1100 11	11 you	Official's Name (La	st, First)
3.	Recipients				7	8
	Use Section A to identify the agency	's department or		B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
			100(00)			
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
				20.0	Other Dal Role" or "Other" describe below:	Income
		-		Ceremonial Role [Other Dal Role" or "Other" describe below:	Income 🗌
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant to	the agency's policy
	Newark Rotary 36665 Cedar	Blvd,	0.8		school or nonprofit for its contributions	s to
	Newark, CA 94560			- the commun		
	-					
-	Verification					
1	have read and understand FPPC Regula	ations 18944.1 and			¥	the requirements.
3	-		Gabriela Christ	<u>y </u>	Supervisor's Assistant	8-8-79
			Print Name		Title	(Month, Day, Year)
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						At I abile Decament
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicat	ole)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amenament (Must p	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.C	hristy@acgov.org	J	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ _	200
	Event Description Kelly Clark	son		Date(s) 01	, 24 , 19	
	Event Description	Provide Title/Exp	planation	_ Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes □ No 🏻	If no: Golder	n state Warriors	
				Velle	Name of So.	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🗵	If yes: Valle,	Richard- Supervisor I	JISTRICT Z
					Omoral e I vanie (1	
3.	Recipients • Use Section A to identify the agency		munit . Has Castian I	D to idoutify on individu	el - Han Santian C to ident	if
			Number of	· · · · · · · · · · · · · · · · · · ·		-
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	D : E''			To reward	d a community	Income
	Reiner, Eileen		1.	Volunteer	for his or her se	
			19	to the state	ioi ins or her se	rvice
				to the pub	lic	Income 🗌
		8:				moome 🗀
(Name of Outside Organia		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
-			Pass(es)			
				<u> </u>		
	Verification					
I	have read and understand FPPC Requia	tions 18944.1 and				tne requirements.
			Gabriela Christy	y <u>S</u>	Supervisor's Assistant	<u> </u>
	нее		Print Name		Title	(Month, Day, Year)
(Comment:					

Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions

				•	· · abiic becaiiioi
Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must provide	e explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	risty@acgov.d	org	Date of Original Filing:	Month, Day, Year)
Function or Event Inform	nation			· ·	7, -3,
Does the agency have a ticket	policy?	Yes⊠ No 🗆] Face Value o	f Each Ticket/Pass \$	75
Event Description Monster Er	nergy Super-		Date(s)01	, 26 , 19	
•	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No 🗵	If no: Golder	state Warriors	
Was ticket distribution made a	t the hehest	N. D. V 19	, Valle		rict 2
of agency official?	t tile beliest	No ☐ Yes 🏻	if yes:	Richard- Supervisor Distr Official's Name (Last, I	-irst)
Recipients					
Use Section A to identify the agency	's department or	unit. • Use Section	on B to identify an individu	al. • Use Section C to identify ar	n outside organization.
A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant to th	
				×	
B. Name of Individual		Number of			
(Last, First)		Ticket(s)/ Pass(es)	T1	Identify one of the following:	
Monting - Milesal			10 reward	a community	Income [
Martinez, MIguel		12	volunteer i	for his or her servic	e
			to the publ	ic	
· · · · · · · · · · · · · · · · · · ·			— To reward	a community	Income
Marquez, Tomas		2	volunteer f	or his or her servic	0
			to the publi	ic	C
C. Name of Outside Organiz (include address and description	ation	Number of Ticket(s)/	Describe the past.		ncy's policy
	ription)	Pace(ac)			
	ription)	Pass(es)			
	ription)	Pass(es)			
Verification	ription)	Pass(es)			
Verification have read and uniteral SPPC Regulat				th above, is in accordance with the n	equirements.
		18942. I have verifie	d that the distribution set for		equirements.
			d that the distribution set for	th above, is in accordance with the nu upervisor's Assistant	equirements. (Month, Day, Year)

Λ	Di	ıhl	lic	Doci	ım	ent
~	ru	w	116	$\boldsymbol{\nu}$	чн	CIII

			D . O	0-115
Agency Name			Date Stamp	California 802
Alameda County			-	For Official Use Only
Division, Department, or Region (If Applica	ble)			
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Sarah Oddie				to a section in Boot 01
Area Code/Phone Number E-mail			Amendment (Must provide	de explanation in Part 3.)
	ie@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No[Tace Value	of Each Ticket/Pass \$	\$74.90
<u> </u>			1 , 26 , 19	
Event Description Monster Energy Supe	Explanation	Date(s)		
		sa If no. Oakla	nd Athletics	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [X 11110.	Name of Source	•
Was ticket distribution made at the behes	t No□ Yes[☑ If yes: Char	n, Wilma	
of agency official?		3	Official's Name (Last	f, First)
. Recipients	•			
Use Section A to identify the agency's department	orunit. • Use Sec	tion B to identify an individ	lual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant to	the agency's policy
	Pass(es)			
			93	
				
			· · · · · · · · · · · · · · · · · · ·	
B. Name of Individual	Number of Ticket(s)/	*	Identify one of the following	
(Lust, 1 may	Pass(es)	Ceremonial Role	Other	Income 🗌
Reyes, Mynor			nial Role" or "Other" describe below:	medile
rtoyes, mynor	3	1	dance at a(n) event held	d at a County facility in
			potential County revenue	
		Ceremonial Role	Other	income
	3	If checking "Ceremo	onial Role" or "Other" describe below:	
C, Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuant to	the agency's policy
(mende address and description)	Pass(es)			
. Verification				
CBBC Com/officers 18944.1	and 18942. I have ve	erified that the distribution se	t forth above, is in accordance with t	
	Sarah O	ddie	Supervisor's Assistant	02.04.2019
	Print Nan	ne	Title	(Month, Day, Year)
Comment:		 .		EDDC Form 802 (4/12

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Warriors Date(s) __1/__/: 8 Provide Title/ Explanation If no: Oakland Coliseum JPA Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗖 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes No 🗆 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Gardley, Cassandra To reward a county employee for his or her exemplary 4 service to the public Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 **Designated Agency Contact** (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) __1__/_11_/ Event Description: Warriors Provide Title/ Explanation If no: Oakland Coliseum JPA Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes M No I Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Lankford, Raymond Income 🔲 To reward a community volunteer... to increase 2 attendance... maximize profits through conession sales Geoffrey, Pete Ceremonial Role Other 🔲 Income ... If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer... to increase 2 attendance... maximize profits through conession sales Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements ~

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: . (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{60}{}$ Does the agency have a ticket policy? Yes ☑ No □ Event Description: Harlem Globetrotters Date(s) 1 / 12 / Provide Title/ Explanation If no: Coliseium JPA Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremoniai Role Other Armstrong, Erin To reward a county employee for her exemplary service 4 the public Other 🔲 Ceremonial Role Income 🗀 If checking "Geremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Nathan Miley Supervisor 04/15/19 (month, day, year)

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Warriors Date(s) __1_/_ 16 / Provide Title/ Explanation If no: Coliseium JPA Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other Ceremonial Role Income . If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes To increase attendance at a county event or event hosted Laborers Local 304 4 in a county facility 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Nathan Miley Supervisor 04/15/19 Print Name (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 **Designated Agency Contact** (Name, Title) Nathan Milev Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 1500 Does the agency have a ticket policy? Yes 🛛 No 🗆 Date(s) 1 / 18 / Event Description: Elton John Provide Title/ Explanation If no: Coliseium JPA Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🛛 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other \square Ceremonial Role Alexander, Toni To increase attendance at a county event or event hosted 1 in a county facility Other 🔲 Earp, Laurie Ceremonial Role Income If checking "Coremonial Role" or "Other" describe below: To increase attendance at a county event or event hosted 2 in a county facility Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with th Supervisor 04/15/19 Nathan Miley Print Name (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **Continuation Sheet**



gency meda	Name County	4	
Rec	ipients	. • Use Section B to	identify an individual. • Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	*.		
В.	Name of Individual	Number of Ticket(s)/	Identify one of the following:
Miley	(Last, First) /, Nathan	Passes 1	Ceremonial Role Other Income I
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	· · · · · · · · · · · · · · · · · · ·	-	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	× ×		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
			=

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: . (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Harlem Globetrotters Date(s) __1__/_19_/ Provide Title/ Explanation If no: Coliseium JPA Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes ☑ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role Mohamed, Ansar To increase attendance at a county sponsored event or an 4 event hosted in a county facility Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Supervisor 04/15/19 Nathan Miley Title (month, day, year) Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Kelly Clarkson Date(s) __1 / 24 , Provide Title/ Explanation If no: Coliseium JPA Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? 3. Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Dunlap, Kamika Ceremonial Role Other To reward a county employee for his or her exemplary 4 service to the public Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the dis	tribution set forth above.	. is in accordance
with the engineements I . M				,

		Nathan Miley	Supervisor	04/15/19
<u>,</u>		Print Name	Title	(month, day, year)
Comment:		^		

Agency Report of: **A Public Document** Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 **Designated Agency Contact** (Name, Title) Nathan Miley ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Warriors 31 Date(s) _ Provide Title/ Explanation If no: Coliseium JPA Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Taylor, Kevin To increase attendance at a county event or event hosted 4 in a county facility Crawford, Marc Ceremonial Role Other Income 4 To increase attendance at a county event or event hosted in a county facility Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Nathan Miley Supervisor 04/15/19 (month, day, year) Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



ency Name		
Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
.:		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Becton, Neisha	4	Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: To increase attendance at a county event or event hosted in a county facility
Moore, Check	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To increase attendance at a county event or event hosted in a county facility
Cox, Lori	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a county employee for his or her exemplary service to the public
Barndel, Judy	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To increase attendance at a county event or event hosted in a county facility
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
1 . · ·		

١.	Agency Name			Date Stamp	California 802		
	Alameda County	lameda County					
	Division, Department, or Region (If Applicable		For Official Use Only				
	Board of Supervisors	pard of Supervisors					
	Designated Agency Contact (Name, Title)	esignated Agency Contact (Name, Title)					
	Briana Brown			Amendment (Must on	ovide explanation in Part 3.)		
	Area Code/Phone Number E-mail		¥		=		
(516)541~6655 briana.brown	n2@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Information				\$60.00		
		Yes ⊠ No	L	of Each Ticket/Pass \$	Ψ00.00		
	Event Description PBR Bull Riding Provide Title/Explain	anation	Date(s)	, 05 , 19			
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no: Golder	n State Warriors			
		100 🗀 110		Name of Sou	urce		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	🗵 If yes:	Official's Name (L	ast. First)		
_							
5.	Recipients • Use Section A to identify the agency's department or i	uniti) (• Use Sec	tion B to identify an individu	Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Department or Unit	Number of		olic purpose made pursuant			
	A. Mone of Agency, Separated to cont	Ticket(s)/ Pass(es)	Describe the pub	me purpose made parsaunt	to the agency a poncy		
		<u> </u>	<u> </u>				
	9						
	B. Mame of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
	Marrie Chanman		Ceremonial Role		Income		
	Marcy Chapman	4	-	unity volunteer for her	service to the nublic		
			, o roward a somm	anny volunteer for ite	•		
			Ceremonial Role	Other 🔲	Income		
			If checking "Ceremon	ial Role" or "Other" describe below:			
	C. Name of Outside Organization	Number of					
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy		
1.	Verification	2	1				
	I have lations 18944.1 and	l 18942. I have ve		forth above, is in accordance with	11/2/101		
	= Br	Pana B	rach_	Supervisor's Assistant	4/5/14		
	a a	Print Nam	ee i	Tille	• (моптл Day, Year)		
	Comment:						

	<u></u>				
١.	Agency Name			Date Stamp	California 802
	Alameda County				Form For Official Use Only
	Division, Department, or Region (If Applicable,)			Not distall due dilly
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Briano Brown				
	Area Code/Phone Number E-mail	<u> </u>		Amendment (Must prov	, , , , , , , , , , , , , , , , , , ,
6	510)541-6655 Briana.brown	n2@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes⊠ No	_	of Each Ticket/Pass \$	
	Event Description Warriors Basketball		Date(s)01	, 08 , 19	
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Golder	n State Warriors Name of Source	e
	Was ticket distribution made at the behest	No 🗖 Vool	⊠ 16		
	of agency official?	No ☐ Yes	☑ If yes:	Official's Name (Las	t, First)
	Recipients				
•	se Section A to identify the agency's department or it	unit (* Use Sec	tion B to identify an individu	 Use Section C to identify 	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to	the agency's policy
		Pass(es)		•	
				()	
	B. Name of Individual	Number of		1.1	
	D. (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	<u>-</u>
	Daniel Daniel	1.	Ceremonial Role		Income
	Breeana Decker	H	· ·	aial Role" or "Other" describe below: ance at a County sponso	ored event or event
	¥			cility in order to maximiz	
	=		` Ceremonial Role	Other	Income
			If checking "Ceremon	nial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	the agency's policy
4.	Verification	<u> </u>			-
۳.	I have read and understand FPPC Regulations 18944.1 and	l 18942. I have ve	erified that the distribution set f	forth above, is in accordance with t	the requirements,
	Rns	ana	Brown	Supervisor's Assistant	4/5/19
	ignee	Print Nam	ne	Title	(Mohth, Day, Year)
	Parking Pass: \$30.00				
	Comment:				

				0.00	
1. Agency Name			Date Stamp	California 802	
Alameda County	For Official Use O				
Division, Department, or Region (If A					
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, T					
Briana Brown			Amendment (Must	provide explanation in Part 3.)	
Area Code/Phone Number E-mai	l				
(510) 541-6655 Brian	a.brown2@acgov.c	org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Informatio	n			204.90	
Does the agency have a ticket policy		Face Value of	of Each Ticket/Pass \$	304.80	
Event Description Warriors Baskett	pall	Date(s) 01	11_, 19		
Provide	Title/Explanation				
Ticket(s)/Pass(es) provided by agen	cy? Yes ☐ No	If no: Golde	n State Warriors		
×		_	Name of S	Source	
Was ticket distribution made at the b of agency official?	ehest .No ☐ Yes	If yes:	Official's Name	(Last, First)	
3. Recipients			· · · · · · · · · · · · · · · · · · ·		
ection A to identify the agency's depart	rtment or unit (Use Set	ction 8 to identify an individ	Use Section C to ide	entify an outside organization.	
A. Name of Agency, Department or Ur	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy	
County Sheriff's Office	. 2	To promote attenda held at a County fa	ance at a County spo cility in order to maxi	t a County sponsored event of event n order to maximize potential revenue	
B. (Name of Individual)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
Sherry Hirota		Ceremonial Role	Other Inial Role" or "Other" describe below	Income	
· ·	2	To reward a comm	unity volunteer for he	er service to the public	
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income	
Name of Outside Organization (Include address and description	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy	
4. Verification	9.	<u></u>			
I has ilations 1	8944.1 and 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements,	
	- Brana B	Stown	Supervisor's Assista	ent 4/5/19	
→e	Print Nan	ne	Title	(Month, Day, Year)	
Parking Pass: \$30.00					
Comment:	_				

					HARLEST THE RESIDENCE OF THE PARTY OF THE PA
١.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable)	vision, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Briana Brown	Amendment (Must pro	ovide evalenation in Flort 3.		
	Area Code/Phone Number E-mail			Amendment (wast pro	ovide explatiation in Part 5.j
(510) 54-1- (alassi briana.brown	2@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information	_	*		#00.00
	Does the agency have a ticket policy?	Yes⊠ No	_	f Each Ticket/Pass \$	
	Event Description Harlem Globetrotters Wo	rld Tour	Date(s)01	, 12 , 19	
	Ticket(s)/Pass(es) provided by agency?	Yes □ No	If no: Golder	State Warriors	
	ricket(b)/r add(dd) providda by agonoy.	ies 🖂 🔟	A 1191	Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	☑ If yes:	Official's Name (La	ast. First)
_				<u> </u>	· ,
5.	Recipients •	u Use Sec	tion 8 to identify an incividu	Use Section C to identify	fv an outside organization.
		Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	·		1		
	Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Shaton Dockard, Boady to Loarn Fun		Ceremonial Role		Income
	Shatea Deckard- Ready to Learn Fun Fair	4	_	ial Role" or "Other" describe below: ance at a County spons	sored event in order to
			maximize potential		orda ovorit in ordar to
			t e	Other	Income 🔲
	#1		If checking "Ceremoni	ial Role" or "Other" describe below:	
	9				
	C. Name of Outside Organization	Number of			·
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
			it.		
١.	Verification				
	I iulations 18944.1 and	18942. I have ve	_	orth above, is in accordance with	n the requirements.
	$=$ \mathbb{R}^{3}	ana E	Brewn	Supervisor's Assistant	— 4/2//4
	phytotose of Agenty i lead of Designide	⊬rint Nam	re *	Hüe	€ (Month, Day, Year)
	Comment:	ia.			

				THE DAY CAN TESTED IN		
I. Agency Name			Date Stamp	California 802		
Alameda County				Form For Official Use Only		
Division, Department, or Region (If Applicable)		For Onicial use Only				
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)	1					
Biss Ban	Bis & Barra					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)		
(516)541-6655 Briana.brown	2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information	-	-				
Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass\$ _	304.80		
Event Description Warriors Basketball		Data(a) 01	1619			
Provide Title/Expla	nation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes □ No	If no: Golder	den State Warriors			
	163 🗀 110		Name of So	purce		
Was ticket distribution made at the behest	No 🗌 Yes	☑ If yes:	Official's Name ((I4 Fin-4)		
of agency official?			Onicial's Ivame (Last, First)		
B. Recipients						
Ise Section A to identify the agency's department or u	Number of	ction B to identify an individu	• Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
TO THE TENTH OF THE PARTY OF TH	F 455(65)					
		2				
B. Name of Individual	Number of		I do water over a fallo of all over			
(Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ning:		
		Ceremonial Role		Income		
	·	If checking "Ceremon	ial Role" or "Other" describe below:			
	·					
		Ceremonial Role	Other	Income _		
		1	ial Role" or "Other" describe below:	moone _		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy		
(include address and description)	Pass(es)		11-2-1-2			
100 Black Men	4		ofit organization for it's	s contributions to the		
I inprove the quality of life for	7	community	11			
atam youths men						
1						
l. Verification	<u> </u>			· · ·		
_	18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.		
Rr	ana B	reun	Supervisor's Assistan	it 4/5/19		
· · · · · · · · · · · · · · · · · · ·	Print Nam	ne	Title	Month, Day, Year)		
Comment: Parking Pass: \$30.00						

. Agency Name			Date Stamp	California Q02
Alameda County				Form 002
Division, Department, or Region (If Applicable	For Official Use On			
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Briana Brown		• 1	Amendment (Must p	provide explanation in Part 3.)
Area Code/Phone Number E-mail			-	, ,
COTOTO IL GOOD	n2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				1500.00
Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
Event Description Elton John Provide Title/Exp	lanation	Date(s)1	, 18 , 19	
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☑ If no: Golder	n State Warriors	DUITOR
Was ticket distribution made at the behest		F2		
of agency official?	No ☐ Yes	If yes:	Official's Name ((Last, First)
. Recipients				
· Use Section A to identify the agency's department or	unit (e Use Sec	ction B to identify an individu	• Use Section C to iden	itify an outside organization.
A. (Name of Agency, Department or Unit)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
	1 433(43)			
B. (Name of Individual)	Number of Ticket(s)/		Identify one of the follow	dna:
(Lest, First)	Pass(es)			
Coni Cullimore	H	Ceremonial Role	Other Dial Role" or "Other" describe below:	Income
	1		unity volunteer for his	or her service to the
		public .		
		Ceremonial Role		Income
		if checking "Geremon	nial Role" or "Other" describe below:	
			2	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy
(Include address and description)	Pass(es)		<u> </u>	
				7
. Verification				
	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance wi	ith the requirements.,
Rn	ianu E	Rrowh	Supervisor's Assistan	t 4/5/19
lgnee	Print Nam		Title	(Month, Day, Year)
•				

. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (If Applicab	ie)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Briana Brown				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 541-6655 briana.brow	vn2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				00.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ _	
Event Description Harlem Globetrotters V	Vorld Tour	Date(s)	, 19 , 19	
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No [If no: Golde	en State Warriors Name of Source	
Was ticket distribution made at the behest of agency official?	No ☐ Yes [If yes:	Official's Name (Last, First)
3. Recipients				".
Use Section A to identify the agency's department of	runit. • Use Sec	tion B to identify an individ	• Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	t to the agency's policy
	Number of			
B. (Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
B. Name of Individual (Last. First)		Ceremonial Role If checking "Ceremon		Income [
B. Name of Individual (Last. First)	Ticket(s)/	If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income [
B. (Name of Individual (Last First) C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremo. Ceremonial Role If checking "Ceremo	Other	Income [
(Last, First) Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremonial Role If checking "Ceremonial Describe the pu	Other nial Role" or "Other" describe below: Other nial Role" or "Other" describe below: blic purpose made pursuan	Income

١.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number [E-mail			Amendment (Must)	provide explanation in Part 3.)
1		Ω@a.a.aa		Date of Original Filing:	
(510) 541-6655 Briana.brow	nz@acgov.o	ing		(Month, Day, Year)
2.	Function or Event Information				200.00
	Does the agency have a ticket policy?	Yes 🗵 No	_	of Each Ticket/Pass \$ _	
	Event Description Kelly Clarkson Provide Title/Expl	'anation	Date(s)1		
	Ticket(s)/Pass(es) provided by agency?	V [***] N	Golden	n State Warriors	
	ricket(s)/rass(es) provided by agency:	Yes 🗌 No	1110.	Name of So	ource
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	⊠ If yes:	Official's Name	(Last, First)
,	Pasinianta				
».	Recipients (Use Section A to identify the agency's department or	umit (a Use Sec	tion 8 to identify an individu	• Use Section C to ider	ntify an outside organization.
		Number of		olic purpose made pursuan	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuan	to the agency's policy
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Stacey Frost	4		Other Inial Role" or "Other" describe below:	Income
				ance at at County spo rder to maximize pote	nsored event held at a ntial County revenue
				Other Inial Role" or "Other" describe below:	
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	it to the agency's policy
1.	Verification gulations 18944.1 and	18942. I have ve	erified that the distribution set t	forth above, is in accordance w	vith the requirements.
	Rop	and Bre	nwn	Supervisor's Assistar	$\frac{9}{5}/9$
	nee	Print Nam	ne .	Title	(Month, Day, Year)
			6		
	Commont				

	E					Ter abile becamen
1.	Agency Name				Date Stamp	California 202
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
1	516)541-6655	briana.browr	n2@acgov.o	rg	Date of Original Filing: _	(Month Day Year)
2.	Function or Event Inform	mation		ē.		(Month, Day, 16al)
	Does the agency have a ticket	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	\$74.90
	Event Description Monster E	nergy AMA Sı			, 26 , 19	
	Event Description	Provide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: Golder	State Warriors	rce
				-	Name of Soul	rce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes:	Official's Name (La	act Firefl
_			0			
3 .	Recipients - tion A to identify the agency	's department or a	mit a lise Sec	tion 5 to identify an individu	all • Use Section C to identif	fy an outside emenization
			Number of			
	A. Name of Agency, Departme	at an only	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
				_		
				·	9 9	
			Numbered			
	Name of Individual (Last, First)	1)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
		·	1 035(65)	Ceremonial Role	Other 🗌	Income
	Chris Leung		4	_	al Role" or "Other" describe below:	
					t a County sponsored	
					der to maximize potent	
					Other al Role" or "Other" describe below:	Income
				•		
	C. Name of Outside Organi	ization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	(include address and desc	cription)	Pass(es)			- the agency o perior
					<u> </u>	
	Verification		10010			
	l hε	tions 18944.1 and	18942. I have ve		orth above, is in accordance with	the requirements.
	<u>_</u>	- $ Rc$	Pana 1		Supervisor's Assistant	4/5/19
	•		Print Name	e	Title	Month, Day, Year)
	Comment:					